



PATIENT

Dozer Anderson

PRESENTING CLINICAL SIGNS

Solitary mass in chest. Abd u/s to r/o primary, etc. Dog acting fine, no cough

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Lab

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.5 cm in length.

SEX

MN

AGE

12

The area of the aortic trifurcation was free of pathology.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

WEIGHT

89

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm width in the cranial pole and 0.9 cm width in the caudal pole. The right adrenal gland measured 0.77 cm width in the cranial pole and 0.70 cm width in the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Dr. Hunt

Liver

The liver exhibited mild to moderate enlargement with the ventral liver extending caudally past the level of the gastric axis. Normal capsule contour was maintained. Normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture with intermittent non-disruptive well demarcated nodules were present, an example measuring 1.5 cm in diameter.

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



PATIENT

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

SPECIES

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Lab

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

MN

- Mild chronic renal changes
- Sonographically unremarkable spleen
- Hepatomegaly exhibiting intermittent subjective benign intraparenchymal nodules-consistent with nodular hyperplasia or benign lipogranuloma

AGE

12

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

89

Overall, no overt evidence of significant abdominal visceral pathology as a primary cause of metastatic thoracic disease.

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HOSPITAL NAME

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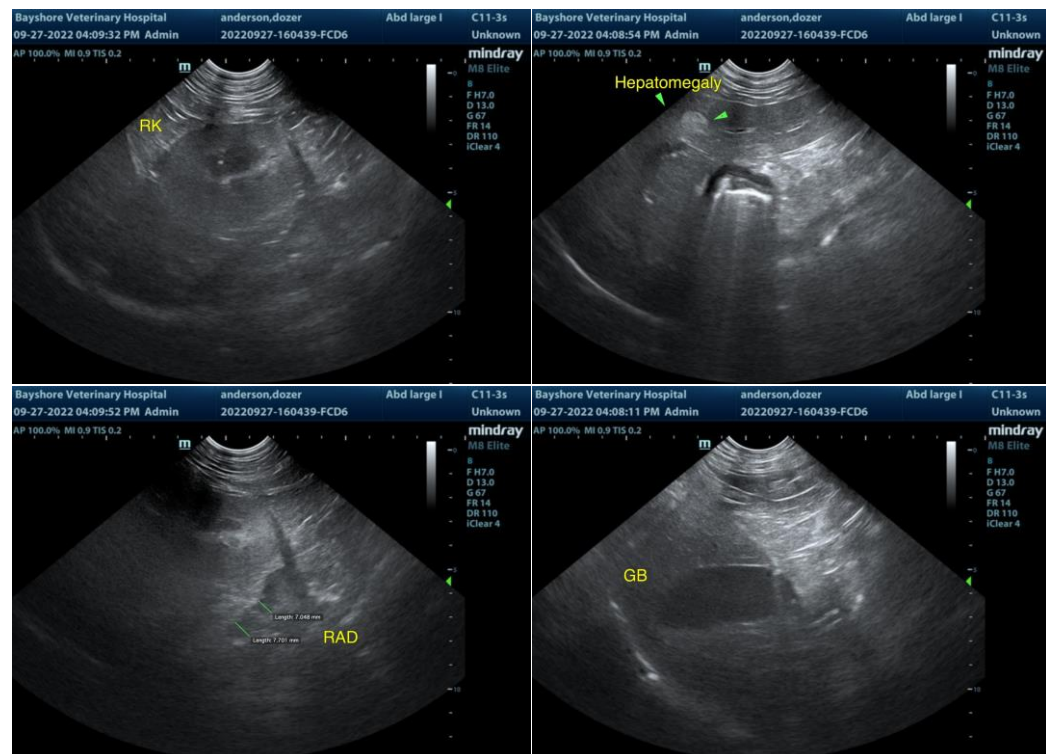
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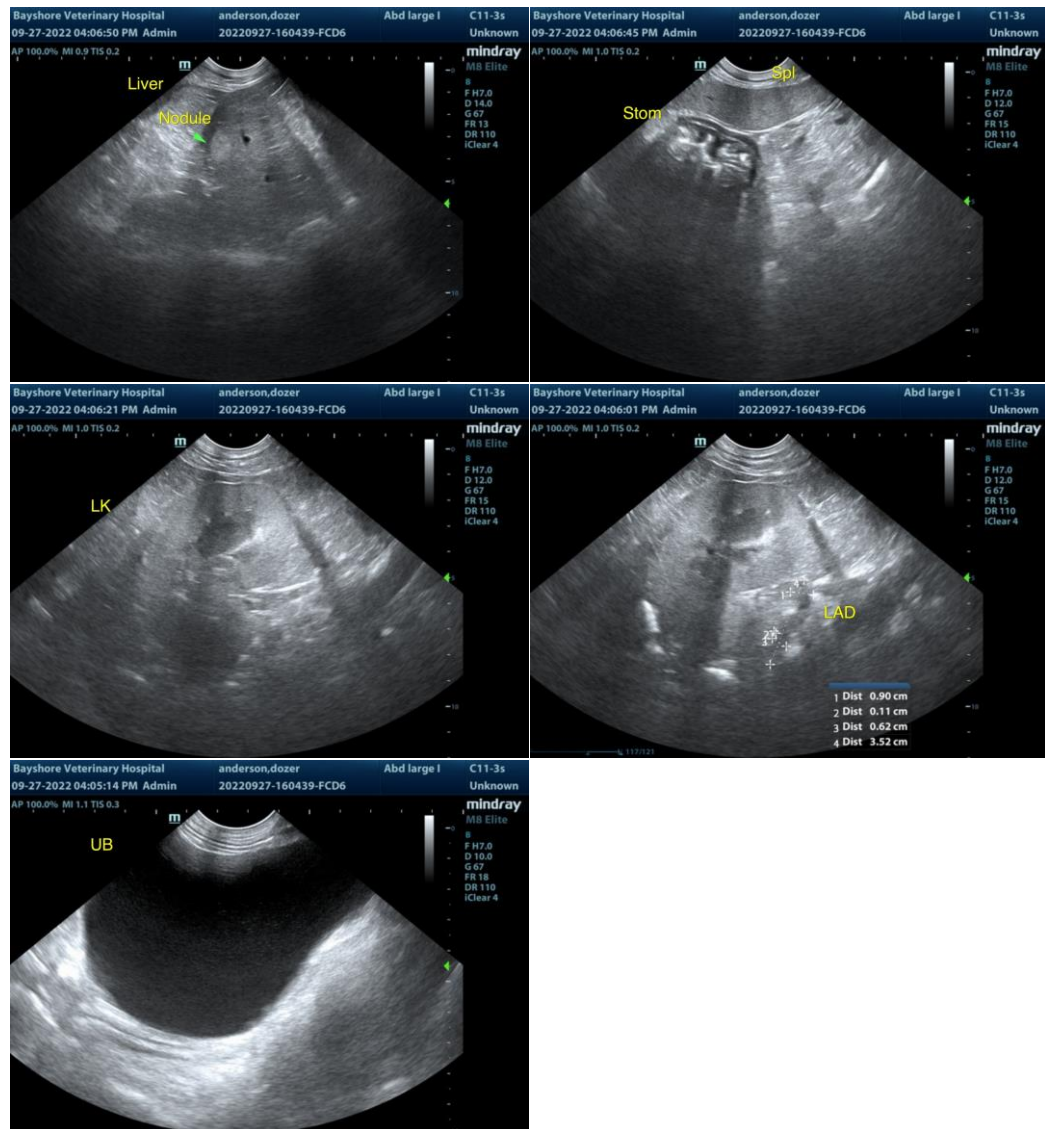
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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